Case Number:	CM15-0007819		
Date Assigned:	01/26/2015	**Date of Injury:**	05/05/2003
Decision Date:	03/18/2015	**UR Denial Date:**	12/24/2014
Priority:	Standard	**Application Received:**	01/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This female was injured 5/5/03 in an industrial accident. Current complaints are low back pain with radiation into the right leg and right shoulder pain. She has sleep disturbances because of pain and compromised activities of daily living. Her medication is Tramadol. Diagnoses are cervical spine sprain/strain; lumbar spine sprain/ strain; low back pain with radicular symptoms to the right lower extremity and anterolisthesis of L5 over S1 with right sided disc protrusion. Treatments were right sided L5-S1 transforaminal epidural steroid injection. Diagnostic testing included MRI of the lumbar spine. The treating provider requested electromyography/ nerve conduction velocity studies of the bilateral upper extremity. On 12/24/14 Utilization Review non-certified the request for electromyography/ nerve conduction velocity studies of the bilateral upper extremity citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: No, the request for electrodiagnostic testing of bilateral upper extremities is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend EMG testing to clarify a diagnosis of nerve root compromise in cases of suspected disc herniation preoperatively for planned epidural steroid injection therapy, in this case, however, there was no mention of the applicant's carrying a diagnosis of suspected nerve root compromise pertaining to the cervical spine on or around the date in question, November 21, 2014. On that day, the applicant was given trigger point injections. The applicant reported complaints of neck pain and trapezius pain. The applicant?s presentation, thus, was consistent with trigger point pain/myofascial pain syndrome. While the applicant did report some paresthesias, these paresthesias were reportedly confined to the right hand/right upper extremity. As noted in the MTUS guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of MCV or EMG testing for diagnostic evaluation of applicants without symptoms is deemed "not recommended." Since electrodiagnostic testing of bilateral upper extremities, by definition, would involve electrodiagnostic testing of asymptomatic left upper extremity, the request, thus, as written, runs counter to ACOEM principles and parameters. Therefore, the request is not medically necessary.